

Child Care Program Office Division of Public Assistance PO Box 241809 Anchorage, Alaska 99524-1809

Office	HeΔ	Only
Office	use	Only

CHILD CARE GRANT REQUEST FOR GOOD CAUSE WAIVER

Name:		Phone:	
Mailing Address:			
City:	Zip Code:	Grant Number:	
If you disagree with the determination to suspend your participation in the Child Care Grant Program due to not meeting the required "attendance minimum" of children receiving state Child Care Assistance you may request a Good Cause Waiver.			
7 AAC 39.025(c), to following: 1) within the under 7 AAC spaces require (2) a waiver visite (2).	community, the number of children wh 41.035 or an attendance authorization u red under this section for each participatin	good cause which includes one or more of the are the subject of an enrollment authorization ander 7 AAC 41.040 is smaller than the number of	
(You may use the reverse side of this form if necessary)			
This request must be postmarked no later than 15 days after receipt of the letter of suspension. It may be delivered or mailed to the address at the top of this form. The request must include:			
_	a copy of the letter of suspension		
	good cause documented in the box about signature and date below	ve	
Signature:		Date:	